

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155136</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>03/27/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER-FOUNTAINVIEW TERRACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 ANDREW AVE</b> <b>LA PORTE, IN 46350</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00140057 and IN00142463 completed on January 30, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00144570.</p> <p>Complaint IN00140057- Corrected.</p> <p>Complaint IN00142463- Corrected.</p> <p>Survey dates: March 26 &amp; 27, 2014</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF/NF: 135 Total: 135</p> <p>Census payor type: Medicare: 12 Medicaid: 118 Other: 5 Total: 135</p> <p>Sample: 13</p> <p>Golden Living Center-Fountainview Terrace was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the Investigation of</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 Complaints IN00140057 and IN00142463.  Quality review completed on March 29, 2014, by Janelyn Kulik, RN.	{F 000}			